

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04091 268

1. PLACE OF DEATH- COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) Chance		CITY (If outside corporate limits, write RURAL and give nearest town) Chance	
TOWN Chance		TOWN Chance	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS None (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) H.	(Last) Beckett
6. SEX Male	7. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 1875 ? ? ?
4. DATE OF DEATH April 25, 1951	9. AGE last birthday 76 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman	11. BIRTHPLACE (State or foreign country) Chance, Maryland
13. FATHER'S NAME John Beckett	14. MOTHER'S MAIDEN NAME Elizabeth Jones	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Evelyn Jones, Chance, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	

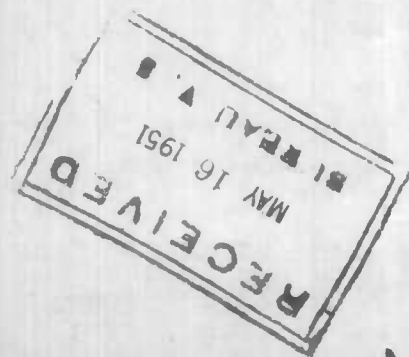
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
(a) Immediate cause Cerebral Hæmorrhage		5 Days
(b) Antecedent cause(s) Hypertension		6 months
(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from April 12 th , 1951, to April 25 th , 1951, that I last saw the deceased alive on April 23 rd , 1951, and that death occurred at 5:30 A.M., from the causes and on the date stated above.		
SIGNATURE Leon G. Manderson		DATE SIGNED 4-28-51
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF April 29, 1951	NAME OF CEMETERY OR CREMATORY Chance Cemetery
LOCATION (City, town, or county) Chance, Maryland	(State)	
DATE REC'D BY LOCAL REG. 4/29/51	REGISTRAR'S SIGNATURE Helen M. Mealy	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

910 186



MARYLAND STATE DEPARTMENT OF HEALTH

04092

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

Somerset
Marion Station md

1. PLACE OF DEATH- COUNTY <i>Marion Station</i>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>Marion Station md</i> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN				TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS		(If rural, give location)	
<i>John Henry</i>		<i>Well</i>		<i>April 16 51</i>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		5. DATE (Month) (Day) (Year)	
<i>John Henry</i>		<i>April 16 1951</i>		<i>April 16 1951</i>	
6. SEX	7. COLOR OR RACE	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. DATE OF BIRTH	10. AGE last birthday	11. BIRTHPLACE (State or foreign country)
<i>Male</i>	<i>Colored</i>	<i>Married</i>	<i>Dec 15 1883</i>	<i>68 yrs</i>	<i>Marion Station</i>
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
<i>Same work</i>					
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
<i>John Bell</i>			<i>Sue Gould</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS	
<i>no</i>				<i>Sam Bell, Marion, md</i>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

Antecedent cause(s)

Disease or conditions, if any,
giving rise to the above cause
stating the underlying cause last(a) *Acute Dilatation of Heart & Uremia*(b) *Chronic Myocarditis - Chronic Int.*(c) *Nephritis - Enlarged Prostate Gland**1 or 3 yrs*

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?			
OF INJURY	While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>				

22. I hereby certify that I attended the deceased from *April*, 19*50*, to *April 16*, 19*51*, that I last saw the deceased
alive on *Apr 14*, 19*51*, and that death occurred at *4:20 A*.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Burial *April 19/51* *Mount Perry* *Marion, md*
4/17/51 *Betty Mossey* *George Lilghman*
Marion, md. *036 WW*

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 28 1951
BUREAU V. D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH COUNTY <u>Somerset</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD.</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rumblay</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rumblay</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>✓</u>		STREET ADDRESS (If rural, give location) <u>✓</u>	
3. NAME OF DECEASED (Type or Print) <u>Emma</u> (First) <u>Katherine</u> (Middle) <u>Blake</u> (Last)		4. DATE OF DEATH <u>Apr 4</u> (Month) <u>4</u> (Day) <u>1951</u> (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr 30, 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Longshore</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>H.W.</u>	9. AGE last birthday <u>66</u> yrs. If under 1 year, Months Days Hours (Min.)
11. BIRTHPLACE (State or foreign country) <u>Fairmount, MD</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13. FATHER'S NAME <u>James Holland</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Ford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT <u>Thomas M. Blake</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Myocardial failure</u>		<u>2 wks.</u>
Antecedent cause(s) (b) <u>Coronary Infarction</u>		<u>3 mo.</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>✓</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 19, 1951, to April 4, 1951, that I last saw the deceased alive on April 3, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE Thos. B. Miles M.D. (Degree or title) ADDRESS Bruce 744 1/2 19/51 DATE SIGNED 4/4/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Apr 6, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>St. P. Cemetery</u>	LOCATION (City, town, or county) <u>Fairmount, MD</u>	(State) <u>MD</u>
DATE REC'D BY LOCAL REG. <u>4/4/51</u>	REGISTRAR'S SIGNATURE <u>R.S. Johnson, M.D.</u>	24. FUNERAL DIRECTOR <u>Harry B. Miles</u>	ADDRESS <u>Fairmount</u>	

220826 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 12 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland Somerset</u> COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Crisfield</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>	
TOWN <u>Life</u>		TOWN <u>Crisfield</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Lawsonia Section</u>		STREET ADDRESS (If rural, give location) <u>Lawsonia Section</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>EARL</u>	(Middle) <u>A.</u>	(Last) <u>BRITTINGHAM</u>
4. DATE OF DEATH	(Month) <u>Apr.</u>	(Day) <u>5,</u>	(Year) <u>1951</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>Aug. 8, 1918</u>
9. AGE last birthday <u>32</u> yrs.	If under 1 year Months <u> </u> Days <u> </u>	If under 24 hrs. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Seaford</u>	
11. BIRTHPLACE (State or foreign country) <u>Crisfield, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u> </u>	
13. FATHER'S NAME <u>Alex Brittingham</u>		14. MOTHER'S MAIDEN NAME <u>Bertie Cloyde</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>219-07-7080</u>	
17. INFORMANT AND ADDRESS <u>Lois Brittingham--Crisfield, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <u>Acute Cor Pulmonale</u>	<u>8 hours</u>
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Pulmonary tuberculosis</u>	<u>3 months</u>
(c) <u> </u>		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>none</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 27, 1950, to Apr. 5, 1951, that I last saw the deceased alive on Apr. 5, 1951, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

SIGNATURE Larry Matlay, M.D. ADDRESS Crisfield, Md. DATE SIGNED Apr. 9, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>burial</u>	<u>Apr. 9, 1951</u>	<u>Lawsonia Cemetery</u>	<u>Crisfield, Maryland</u>

DATE REC'D BY LOCAL REG. <u>4/9/51</u>	REGISTRAR'S SIGNATURE <u>Betty W. Tyler</u>	24. FUNERAL DIRECTOR ADDRESS <u>Bradshaw Funeral Parlors, Crisfield</u>
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 16 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04095

Reg. Dist. No. 260

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Mt. Vernon</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Mt. Vernon</u>	
TOWN <u>Mt. Vernon</u>		TOWN <u>Mt. Vernon</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u></u>		STREET ADDRESS (If rural, give location) <u>R.F.D. #1</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Nora</u> (Middle) <u>Alice</u> (Last) <u>Stolbrock</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>15</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>B</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 21, 1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	9. AGE last birthday <u>56</u> yrs. If under 1 year Months <u>2</u> Days <u>23</u> Hours <u></u> Min. <u></u>
11. FATHER'S NAME <u>Arthur Smith</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. MOTHER'S MAIDEN NAME <u>Matilda Jones</u>		14. MOTHER'S MAIDEN NAME <u>Matilda Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY No. <u>219-07-1400</u>	
17. INFORMANT AND ADDRESS <u>Marjorie Stolbrock</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Garcinoma Uterus

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

INTERVAL BETWEEN ONSET AND DEATH

4 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb 5th, 1951, to April 13th, 1951, that I last saw the deceased

alive on April 14, 1951, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Edou G. Markson

Prim Anne

Ap. 17 51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>April 17, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>St Paul Cemetery</u>	LOCATION (City, town, or county) <u>Mt. Vernon</u>	(State) <u>md</u>
DATE REC'D BY LOCAL REG. <u>4/17/51</u>	REGISTRAR'S SIGNATURE <u>R. D. Johnson, M.D.</u>	24. FUNERAL DIRECTOR <u>Dale Washell</u>	ADDRESS <u>Princess Anne</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 18 1951

BUREAU W.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

04096

1. PLACE OF DEATH- COUNTY <u>Somerset</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>	
TOWN <u>Crisfield</u>		TOWN <u>Crisfield</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCready Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>BARRY Herman Monroe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>colored</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>		8. DATE OF BIRTH <u>April 22, 1951</u>	
9. AGE last birthday <u>1</u> yrs. Months <u>1</u> Days <u>1</u> Hours <u>1</u> Mln. <u>1</u>		10. BIRTHPLACE (State or foreign country) <u>Crisfield, Maryland</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Herman Horsey</u>		14. MOTHER'S MAIDEN NAME <u>Elsie Evans</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>(If yes, give war or dates of service)</u>		16. SOCIAL SECURITY No. <u>Herman Horsey--Crisfield, Md.</u>	
17. INFORMANT AND ADDRESS <u>Herman Horsey--Crisfield, Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Premature birth</u>		<u>1 day</u>	
Antecedent cause(s) (b) <u>776X 159</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Apr. 22, 1951, to Apr. 23, 1951, that I last saw the deceased alive on Apr. 22, 1951, and that death occurred at 12:00 a.m., from the causes and on the date stated above.

SIGNATURE Samuel M. Peyton (Degree or title) M.D. ADDRESS Crisfield, Md. DATE SIGNED Apr. 23, 1951

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Apr. 23, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Lawsonia Cemetery</u>		LOCATION (City, town, or county) (State) <u>Crisfield, Md.</u>	
DATE REC'D BY LOCAL REG. <u>4/23/51</u>		REGISTRAR'S SIGNATURE <u>Betty W. Tyler</u>		24. FUNERAL DIRECTOR <u>Bradshaw Funeral Parlors, Crisfield</u>		ADDRESS	

404221203352

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 T

RECEIVED

APR 30 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>James Quarter</u> TOWN <u>James Quarter</u> LENGTH OF STAY (in this place) <u>19 years</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>James Quarter</u> TOWN <u>James Quarter</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Becky Lee Jones</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 7, 1932</u>
9. AGE last birthday <u>19</u> yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cashier House</u>	10b. Kind of Business or Industry <u>Labor</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Luther Jones</u>	14. MOTHER'S MAIDEN NAME <u>Ruth Roybury</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY No. <u>214-28-7967</u>	17. INFORMANT AND ADDRESS <u>Luther Jones James Quarter Md</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
4343 Immediate cause (a) <u>Heart Condition</u>			
95c Antecedent cause(s) (b) <u>Heart Condition</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Resid Tubercular not the cause reported 4-6-51 arc</u>			
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>No injury</u> m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>one office visit</u> , 19 <u>49</u> to <u>March 9, 1951</u> that I last saw the deceased alive on <u>5-6-51</u> , 19 <u>51</u> , and that death occurred at <u>7 A.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>T. J. Smith M.D.</u>		ADDRESS <u>Business Area Md</u> DATE SIGNED	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>4-4-1951</u>	NAME OF CEMETERY OR CREMATORY <u>James Quarter Cemetery</u>	LOCATION (City, town, or county) (State) <u>James Quarter Md</u>
DATE REC'D BY LOCAL REG. <u>4/4/51</u>	REGISTRAR'S SIGNATURE <u>R. J. Johnson M.D.</u>	24. FUNERAL DIRECTOR <u>Louis B. Wilson</u>	ADDRESS <u>90 Princess Anne Md. 970358</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



N

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

04098

1. PLACE OF DEATH COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Prince Georges</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>R.F.D. #2</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>R.F.D. #2</u>	
TOWN <u>R.F.D. #2</u>		TOWN <u>R.F.D. #2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Lewis Edward</u> (First) <u>Kraff</u> (Middle) <u>Kraff</u> (Last)		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>5</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 16, 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	9. AGE last birthday <u>46</u> yrs. If under 1 year Months <u>7</u> Days <u>23</u> If under 24 hrs. Hours <u></u> Min. <u></u>
11. BIRTHPLACE (State or foreign country) <u>Hallow, Luzerne Co. Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>William J. Kraff</u>		14. MOTHER'S MAIDEN NAME <u>Mary Fox</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Lewis Kraff Pr. Georges, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) <u>Respiratory failure</u>	INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
204.1 Antecedent cause(s) (b) <u>Hepato-splenomegaly</u>	<u>18 mos</u>
74a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Myelogenous leukemia</u>	<u>2 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13, 1950, to 4/5, 1951, that I last saw the deceased alive on 4/3, 1951, and that death occurred at 6:30 a.m. from the causes and on the date stated above.

SIGNATURE <u>Robert C. Calliott</u> (Degree or title) <u>M.D.</u>	ADDRESS <u>Prince Georges, Md.</u>	DATE SIGNED <u>4/5/51</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>April 9, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Cah Hale Cemetery</u>
LOCATION (City, town, or county) <u>Sweet Valley Pa.</u>	(State) <u>Pa.</u>	
DATE REC'D BY LOCAL REG. <u>4/6/51</u>	REGISTRAR'S SIGNATURE <u>R. S. Johnson, M.D.</u>	24. FUNERAL DIRECTOR <u>Larry Washell</u>
ADDRESS		

290636

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

442

RECEIVED
APR 9 1951
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

04099

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland Somerset</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Crisfield</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Crisfield</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCready Hospital</u>		STREET ADDRESS (If rural, give location) <u>310 Pine St.</u>	
3. NAME OF DECEASED (Type or Print) <u>ALICE</u> (First) <u>CORA</u> (Middle) <u>LONDON</u> (Last)		4. DATE OF DEATH <u>Apr. 2, 1951</u> (Month) (Day) (Year)	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>Sept. 19, 1877</u>
9. AGE last birthday <u>73</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Crisfield, Maryland</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		12. CITIZEN OF WHAT COUNTRY? <u>Domestic</u>	
13. FATHER'S NAME <u>William H. Landon</u>		14. MOTHER'S MAIDEN NAME <u>Martha Jane Higgin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>310 Pine St.</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Frances Reese-Crisfield, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Secondary anemia + cacexia
 Antecedent cause(s) (b) Carcinoma of stomach
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Metastasis to liver, spleen, bone

INTERVAL BETWEEN ONSET AND DEATH

9 mo

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Arteriosclerotic Heart Disease

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from August, 1950 to April, 1951, that I last saw the deceased alive on April 2, 1951, and that death occurred at 12 noon from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Alberta Malcarney Mattar M.D.

April 4, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>Apr. 5, 1951</u>	<u>Crisfield Cemetery</u>	<u>Crisfield, Md.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>4/5/51</u>	<u>Betty W. Tyler</u>	<u>Bradshaw Funeral Parlors</u>	<u>Crisfield</u>	

720826

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland Somerset</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>CRISFIELD</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Rural --Marion</u> TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCready Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>MARY</u> (Middle) <u>PRISCILLA</u> (Last) <u>LANKFORD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 3, 1951</u> 19	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 9, 1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>domestic</u>	9. AGE last birthday <u>76</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Mln.
11. BIRTHPLACE (State or foreign country) <u>Marion R.F.D., Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>George Pope</u>		14. MOTHER'S MAIDEN NAME <u>Clelia Reese</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Robert L. Lankford--Marion R.F.D., Md.</u>			

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <u>(a) Multiple Cerebral Emboli with</u>			<u>3 months</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last <u>(b) Cerebral Paralysis Complete</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec. 22, 1950</u> , to <u>April 3, 1951</u> , that I last saw the deceased alive on <u>April 3, 1951</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Dr. Rawley M. M. C.</u>		ADDRESS <u>Crisfield Md.</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Apr. 5, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>St. Paul's Cemetery</u>	LOCATION (City, town, or county) (State) <u>Marion, Maryland</u>
DATE REC'D BY LOCAL REG. <u>4/5/51</u>	REGISTRAR'S SIGNATURE <u>Betty W. Tyler</u>	24. FUNERAL DIRECTOR <u>Bradshaw Funeral Parlors, Crisfield</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

04100

RECEIVED
APR 9 1951
BUREAU 7-5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Princess Anne</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Princess Anne</u>	
TOWN <u>Princess Anne</u>		TOWN <u>Princess Anne</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>William Lankford</u>		4. DATE OF DEATH <u>April 8 1951</u>	
(First) (Middle) (Last)		(Month) (Day) (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-12-1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	9. AGE last birthday <u>70</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Somerset Co., Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Hall</u>		14. MOTHER'S MAIDEN NAME <u>Mrs. Lankford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>213-18-3851A</u>	
17. INFORMANT AND ADDRESS <u>George Lankford, Princess Anne, Md.</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <u>Cerebral Haemorrhage</u>			<u>4 weeks</u>
(b) Antecedent cause(s) <u>Hypertension</u>			<u>1 year</u>
(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 10, 1951</u> , to <u>Apr 8</u> , 1951., that I last saw the deceased alive on <u>April 7</u> , 1951., and that death occurred at <u>1:00</u> p.m., from the causes and on the date stated above.			
SIGNATURE <u>Eldon G. M...man</u>		ADDRESS <u>Princess Anne, Md.</u>	
DATE SIGNED <u>4.10.51</u>			
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <u>4-12-51</u>	NAME OF CEMETERY OR CREMATORY <u>Princess Anne, Md.</u>	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>4/11/51</u>	REGISTRAR'S SIGNATURE <u>R. S. Johnson, M.D.</u>	24. FUNERAL DIRECTOR <u>William H. James Jr.</u>	ADDRESS <u>Princess Anne, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

04101

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APR 12 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

04102

1. PLACE OF DEATH- COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Crisfield		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Pocomoke	
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital		STREET ADDRESS Rural # 1 (If rural, give location)	
3. NAME OF DECEASED (First) CRESTON	(Middle) S.	(Last) LONG	4. DATE OF DEATH (Month) (Day) (Year) Apr 15, 1951 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Apr 28 1905
		9. AGE last birthday 45 yrs.	If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming (own)		10b. KIND OF BUSINESS OR INDUSTRY Poultry	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY US		13. FATHER'S NAME Thomas J. Long	
14. MOTHER'S MAIDEN NAME Mary Powell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS Allan Long, Pocomoke, Md.	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Infect. Heart, Uremia			10 days
Antecedent cause(s) (b) Acute Septicemia, Acute Myelitis			6 months
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic Infect. Myelitis, Chronic Uremia			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE (Home, farm, factory, street, OF office bldg., etc.) none	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on April 14, 1951, and that death occurred at 12:00 PM, from the causes and on the date stated above.

SIGNATURE Surgeon General	(Degree or title)	ADDRESS	DATE SIGNED Apr 19, 1951
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 4/20/51	NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery	LOCATION (City, town, or county) Rehoboth, Md. (State)
DATE REC'D BY LOCAL REG. 4/19/51	REGISTRAR'S SIGNATURE Betty Massey	24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100105

RECEIVED
APR 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH- COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland Somerset COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Rural		CITY (If outside corporate limits, write RURAL and give nearest town) Rural	
TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marion		STREET ADDRESS (If rural, give location) Marion	
3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) WESLEY	(Last) MADDOX
4. DATE OF DEATH	(Month) Apr. 1, 1951	(Day)	(Year) 19
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Sept. 8, 1868
9. AGE last birthday	82 yrs.	If under 1 year	If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm owner	11. BIRTHPLACE (State or foreign country) Marion R.F.D., Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Benjamin S. Maddox		14. MOTHER'S MAIDEN NAME Mary Elizabeth Hickman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Mrs. Emily Williams-Maryland		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Uremia, a result of Heart

INTERVAL BETWEEN ONSET AND DEATH 2 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) General Arteriosclerosis
(c) Chronic Hypertensive Cardiovascular Disease

Years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death

Cirrhosis of Liver & Nephroses

Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1950, to Apr 1, 1951, that I last saw the deceased alive on Mar 31, 1951, and that death occurred at 9:55 a.m., from the causes and on the date stated above.

SIGNATURE: [Signature] ADDRESS: [Address] DATE SIGNED: Apr 3, 51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
buried	Apr. 3, 1951	St. Paul's Cemetery	Marion, Maryland	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
4/2/51	Betty Massey	Bradshaw Funeral Parlors, Crisfield		

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100105



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

04104

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland Somerset</u> COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Crisfield</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>	
TOWN <u>Crisfield</u>		TOWN <u>Crisfield</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>12 E. Maryland Ave.</u>		STREET ADDRESS <u>12 E. Maryland Ave.</u> (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Last) <u>SARAH CATHERINE MATTHEWS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 2, 1951</u> 19 <u>51</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 9, 1917</u>
9. AGE last birthday <u>34</u> yrs.		10. If under 1 year Months Days If under 24 hrs. Hours Mfn.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	
11. BIRTHPLACE (State or foreign country) <u>Tangier, Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Harvey McCready</u>		14. MOTHER'S MAIDEN NAME <u>Sadie Dize</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>12 E. Md. Ave.</u> <u>Charles Matthews--</u> <u>Crisfield, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Myocardial failure</u>		<u>immediate</u>
Antecedent cause(s) (b) <u>Pericarditis</u>		<u>2 hrs</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Rheumatic heart disease</u>		<u>3 hrs</u>

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to Apr. 2, 1951, that I last saw the deceased alive on March 29, 1951, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE Sarah M. Payton M.D. ADDRESS Crisfield, Md. DATE SIGNED Apr. 3, 1951

23. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>	DATE TIME OF <u>Apr. 4, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Asbury Cemetery</u>	LOCATION (City, town, or county) (State) <u>Crisfield, Md.</u>
DATE REC'D BY LOCAL REG. <u>4/4/51</u>	REGISTRAR'S SIGNATURE <u>Betty W. Tyler</u>	24. FUNERAL DIRECTOR <u>Bradshaw Funeral Parlors</u>	ADDRESS <u>Crisfield</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 9 1951
BUREAU

04105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH- COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) Pocomoke		CITY (If outside corporate limits, write RURAL and give nearest town) Pocomoke	
TOWN Pocomoke		TOWN Pocomoke	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2 (Rural)		STREET ADDRESS Rural, Route 2 (If rural, give location)	
3. NAME OF DECEASED (Type or Print) SARAH H. MATTHEWS		4. DATE OF DEATH April 1, 1951	
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH Apr 30, 1864	
9. AGE last birthday 86 yrs.		10. If under 1 year Months Days Hours Min.	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11b. KIND OF BUSINESS OR INDUSTRY Home	
12. FATHER'S NAME George C. Powell		13. MOTHER'S MAIDEN NAME Elizabeth Dryden	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		15. SOCIAL SECURITY No.	
16. (If year, give year or dates of service) None		17. INFORMANT AND ADDRESS Eugene Matthews, Pocomoke, Md.	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		19. Immediate cause (a) Acute Dec of Heart Urine	
Antecedent cause(s) (b) Chronic Int rupture Chronic Myocarditis		196X 45d	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Circumstances of Maternity Regn P Side		Year	
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
mm			
20. ACCIDENT (Specify) SUICIDE HOMICIDE		21. PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Jan 1, 1951, to April 1, 1951, that I last saw the deceased alive on April 31, 1951, and that death occurred at 3:40 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE 4/4/51		NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery		LOCATION (City, town, or county) Rehoboth, Md.	
DATE REC'D BY LOCAL REG. 4/4/51		REGISTRAR'S SIGNATURE Betty Massey		24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

04106

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland Somerset</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>	
TOWN <u>Crisfield</u>		TOWN <u>Crisfield</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rt. # 1</u>		STREET ADDRESS <u>Rt. # 1</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>FRANK</u> (First) <u>HENRY</u> (Middle) <u>MORRIS</u> (Last)		4. DATE OF DEATH <u>Apr. 19, 1951</u> (Month) (Day) (Year) 19	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 16, 1878</u>
9. AGE last birthday <u>72</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>near Crisfield, Md.</u>	
11. BIRTHPLACE (State or foreign country) <u>near Crisfield, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>William B. Morris</u>		14. MOTHER'S MAIDEN NAME <u>Maggie Ward</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u> </u>	
17. INFORMANT AND ADDRESS <u>Ralph Morris-- Rt. #1-Crisfield, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Acute Dil. Heart. Uremia. Drotos Case</u>		<u>1 week</u>
Antecedent cause(s) (b) <u>Diabetic mellitus. Gout. Long standing. Pustule</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Chronic Int. Nephritis. Chronic myocarditis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u> </u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u> </u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>Punctured foot with nail 2 months prior</u>

22. I hereby certify that I attended the deceased from April 24, 1951, to April 19, 1951, that I last saw the deceased alive on April 24, 1951, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Apr. 22, 1951 NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery LOCATION (City, town, or county) (State) Marion, Maryland

DATE REC'D BY LOCAL REG. April 20, 1951 REGISTRAR'S SIGNATURE Betty Massey 24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100105

RECEIVED
APR 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

04107

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland Somerset</u> COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Crisfield</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>	
TOWN <u>Crisfield</u> LENGTH OF STAY <u>70 years</u>		TOWN <u>Crisfield</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Lawsonia Section</u>		STREET ADDRESS (If rural, give location) <u>Lawsonia Section</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>HATTIE</u>	(Middle) <u>HAYWOOD</u>	(Last) <u>NELSON</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 5, 1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (State or foreign country) <u>Matthews County, Virginia</u>
13. FATHER'S NAME <u>Washington Haywood</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u></u>	
17. INFORMANT AND ADDRESS <u>Alonzo W. Nelson--Crisfield, Md.</u>		12. CITIZEN OF WHAT COUNTRY?	

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Pulmonary Tuberculosis</u>			<u>years</u>
Antecedent cause(s) (b) <u>Arteriosclerotic heart disease</u>			<u>10 yr.</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>gen. arterio sclerosis</u>			<u>-</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec.</u> , 1950., to <u>Apr. 13.</u> , 1951., that I last saw the deceased alive on <u>Apr. 13.</u> , 1951., and that death occurred at <u>2:10 A</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Larry Matthy, M.D.</u>		ADDRESS <u>Crisfield</u>	DATE SIGNED <u>4/14/51</u>
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <u>Apr. 15, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Asbury Cemetery</u>	LOCATION (City, town, or county) (State) <u>Crisfield, Md.</u>
DATE REC'D BY LOCAL REG. <u>4/15/51</u>	REGISTRAR'S SIGNATURE <u>Betty W. Tyler</u>	24. FUNERAL DIRECTOR <u>Bradshaw Funeral Parlors</u>	ADDRESS <u>Crisfield</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 16 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

04108

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Somerset</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Princess Anne Md</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Princess Anne Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Somerset Avenue</u>		STREET ADDRESS (If rural, give location) <u>Somerset Avenue</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>George</u> (Middle) <u>Cory</u> (Last) <u>Ransom</u>	4. DATE OF DEATH	(Month) <u>April</u> (Day) <u>25</u> (Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>unmarried</u>	8. DATE OF BIRTH <u>April 19, 1864</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Business</u>	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>82</u> yrs.	If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Plymouth, Maryland U.S.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Charles Curtis Ransom</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Davenport</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMATION AND ADDRESS <u>Princess Anne Md</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cardio-respiratory failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary insufficiency

(c) generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

TIME (Month) (Day) (Year) (Hour) OF INJURY INJURY OCCURRED While at Work Not While At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/25, 1951, to 4/25, 1951, that I last saw the deceased

alive on 4/25, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE Robert Callcott M.D. Princess Anne, Md ADDRESS 4/25/51 DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF April 27, 1951 NAME OF CEMETERY OR CREMATORY East New Market LOCATION (City, town, or county) East New Market, Md (State)

DATE REC'D BY LOCAL REG. 4/26/51 REGISTRAR'S SIGNATURE L. H. Johnson, M.D. 24. FUNERAL DIRECTOR Dale Washwell - Pr. Anne, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

WV 246

RECEIVED
APR 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

94109

Item 8:

FILE No. G 17 MAY 14 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Princess Anne, R.F.D. #1</u> TOWN <u>Princess Anne R.F.D. #1</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>none</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Princess Anne R.F.D. #1</u> TOWN <u>Princess Anne R.F.D. #1</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Grover</u> (First) <u>Thomas</u> (Middle) <u>Ross</u> (Last)		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>29</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>Aug 6 1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Collector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Life insurance</u>	9. AGE last birthday <u>60</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Massachusetts R.F.D. #1</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13. FATHER'S NAME <u>Robert Ross</u>		14. MOTHER'S MAIDEN NAME <u>Kate Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>215-12-6034</u>	
17. INFORMANT AND ADDRESS <u>Thomas Ross South River, Md.</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral Metastasis</u>			<u>2 wks.</u>
Antecedent cause(s) (b) <u>Carcinoma Prostate</u>			<u>8 yrs.</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 76</u> , 19 <u>50</u> , to <u>April 28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>April 28</u> , 19 <u>51</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Thos. B. Wheeler, M.D.</u>		ADDRESS <u>Princess Anne, Md.</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>5/1/51</u>	
NAME OF CEMETERY OR CREMATORY <u>John Wesley Church</u>		LOCATION (City, town, or county) (State) <u>Princess Anne R.F.D. #1 Md.</u>	
DATE REC'D BY LOCAL REG. <u>4/30/51</u>		REGISTRAR'S SIGNATURE <u>E. J. Johnson, M.D.</u>	
24. FUNERAL DIRECTOR <u>Dale Dashiell</u>		ADDRESS <u>Pr. Anne, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

450736

RECEIVED
MAY 2 1951
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

04110

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland Somerset</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Princess Anne</u> TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Princess Anne</u> TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>E. Antioch Ave.</u>		STREET ADDRESS (If rural, give location) <u>E. Antioch Ave.</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>GLADYS</u> (Middle) <u>VIRGINIA</u> (Last) <u>SNEADE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 7, 1951</u> 19	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 9, 1901</u>
9. AGE last birthday <u>49</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>teacher</u>	
11. BIRTHPLACE (State or foreign country) <u>Princess Anne, Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Chester Kelley</u>		14. MOTHER'S MAIDEN NAME <u>Virginia Riffin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Wilson Sneade---</u> <u>E. Antioch Ave.</u> <u>Princess Anne, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary insufficiency Interval BETWEEN ONSET AND DEATH few minutes

420.1 Antecedent cause(s) (b) Essential Hypertension many years

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) generalized atherosclerosis many years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1, 1951, to 4/7, 1951, that I last saw the deceased alive on 4/3, 1951, and that death occurred at 6:00 a. m., from the causes and on the date stated above.

SIGNATURE Robert Calhoun, M.D. ADDRESS Princess Anne, Md. DATE SIGNED 4/10/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>burial</u>	DATE THEREOF <u>Apr. 10, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Episcopal Cemetery</u>	LOCATION (City, town, or county) (State) <u>Princess Anne, Md.</u>
DATE REC'D BY LOCAL REG. <u>4/10/51</u>	REGISTRAR'S SIGNATURE <u>R.E. Johnson, M.D.</u>	24. FUNERAL DIRECTOR <u>Bradshaw Funeral Parlors, Crisfield</u>	ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

093821

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APR 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Crisfield		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital		STREET ADDRESS (If rural, give location) Jacksonville Section	
3. NAME OF DECEASED (Type or Print) CHARLES (First) IRVING (Middle) SOMERS (Last)		4. DATE OF DEATH (Month) (Day) (Year) Or. 13, 1951 19	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Jan. 28, 1908
9. AGE last birthday 43 yrs.		10. BIRTHPLACE (State or foreign country) Crisfield, Maryland	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) medical doctor		12. CITIZEN OF WHAT COUNTRY? Physician	
13. FATHER'S NAME Michael A. Somers		14. MOTHER'S MAIDEN NAME Annie Ward	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY No. 16	
17. INFORMANT AND ADDRESS Mrs. Virginia Somers-Crisfield, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Acute Dil. of Heart - Hemia

INTERVAL BETWEEN ONSET AND DEATH

3 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) acute hepatitis acute Nephritis

about 1 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Apr. 12, 1951, to Apr. 13, 1951, that I last saw the deceased

alive on Apr. 13, 1951, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
burial	Apr. 16, 1951	Sunnyridge Cemetery	Crisfield, Md.	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
4/16/51	Betty W. Tyler	Bradshaw Funeral Parlors	Crisfield	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

04111

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APR 18 1951

BUREAU V. S.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Marion Station</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Marion Station</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Marion Road</u>		STREET ADDRESS (If rural, give location) <u>Marion Road</u>	
3. NAME OF DECEASED (Type or Print) <u>Eula C. Sudler</u>		4. DATE OF DEATH <u>April 18th 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 8th 1869</u>
9. AGE last birthday <u>81</u> yrs. <u>6</u> months <u>16</u> days		10. IF under 1 year If under 24 hrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Marion Station, Md</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Thomas J. Handy</u>		14. MOTHER'S MAIDEN NAME <u>Marion Miles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>John T. Handy, Crisfield, Md</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute dil. of heart

331X Antecedent cause(s) (b) Left hemiplegia - Cerebral Hem.

131a Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) orrhage.

INTERVAL BETWEEN ONSET AND DEATH 1 week

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Chronic Myocarditis & Chronic Int. nephritis.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Apr. 17, 1951, to Apr. 18, 1951, that I last saw the deceased

alive on Apr. 17, 1951, and that death occurred at 10:00 P m., from the causes and on the date stated above.

SIGNATURE Betty Massey ADDRESS Marion, Md DATE SIGNED 4/19/51

23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>April 20, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Fairmount Cem.</u>	LOCATION (City, town, or county) <u>Fairmount, Md</u>	(State)
DATE REC'D BY LOCAL REG. <u>4/20/51</u>	REGISTRAR'S SIGNATURE <u>Betty Massey</u>	24. FUNERAL DIRECTOR <u>Harward & Livingston, Crisfield, Md</u>		ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Bert. Jones

RECEIVED

APR 24 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

04113

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Eden</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Eden</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Rosie</u> (Middle) <u>Anne</u> (Last) <u>Wiley</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>4</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-15-1875</u>
9. AGE last birthday <u>75</u> yrs.		10. If under 1 year: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Washburn</u>		14. MOTHER'S MAIDEN NAME <u>Harriet Ann Hatch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Mrs Eva Crouch Eden, Maryland</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Chronic Arteriosclerosis</u>			
Antecedent cause(s) (b) <u>7220 years - Throat - 596</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Patient for more than a year</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) <u>No</u>		PLACE (Home, farm, factory, street, office hldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
SUICIDE HOMICIDE		INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	
HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on April 1, 1951, and that death occurred at 7:30 A.....m., from the causes and on the date stated above.

SIGNATURE R. S. Johnson, M.D. (Degree or title) ADDRESS Princess Anne, Maryland DATE SIGNED April 6, 1951

23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>4-7-1951</u>	NAME OF CEMETERY OR CREMATORY <u>Allen Cemetery</u>	LOCATION (City, town, or county) (State) <u>Allen, Maryland</u>
DATE REC'D BY LOCAL REG. <u>4/7/51</u>	REGISTRAR'S SIGNATURE <u>R. S. Johnson, M.D.</u>	24. FUNERAL DIRECTOR <u>Princess Anne, Maryland</u>	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 10 1951
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04114

CERTIFICATE OF DEATH

Reg. Dist. No. 261

Pauline L. Young

1. PLACE OF DEATH COUNTY <i>Somerset</i> MARLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Kingston</i> COUNTY <i>Somerset</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Kingston</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Kingston</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Home</i>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <i>Pauline</i> (Middle) <i>L</i> (Last) <i>Young</i>		4. DATE OF DEATH (Month) <i>April</i> (Day) <i>7</i> (Year) <i>1951</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <i>November 19, 1900</i>
9. AGE last birthday Months <i>4</i> Days <i>24</i> Hours <i>19</i> Min.		10. BIRTHPLACE (State or foreign country) <i>Kingston Md</i>	
11. FATHER'S NAME <i>Henry Young</i>		12. MOTHER'S MAIDEN NAME <i>Carolyn Whittington</i>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. SOCIAL SECURITY No. <i>440</i>	
15. CITIZEN OF WHAT COUNTRY?		16. ADDRESS <i>Carolyn Whittington, Kingston</i>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) <i>Marasmus</i>		
(b) <i>Antecedent cause(s)</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c)		

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <i>Normal</i>	PLACE (Home, farm, factory, street, or other) <i>Home</i>	(CITY OR TOWN) <i>Kingston</i> (COUNTY) <i>Somerset</i> (STATE) <i>Md</i>
TIME (Month) (Day) (Year) (Hour) <i>April 7 1951</i>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 7, 1951*, that I last saw the deceased alive on *April 4, 1951*, and that death occurred at *4 A* m., from the causes and on the date stated above.

SIGNATURE *H. L. McConnell* (Degree or title) ADDRESS *M. S. Briggs Rd* DATE SIGNED *April 14, 1951*

23. BURIAL, CREMATION OR REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>April 8, 1951</i>	NAME OF CEMETERY OR CREMATORY <i>Wesley Cemetery</i>	LOCATION (City, town, or county) (State) <i>Marian, Maryland</i>
DATE REC'D BY LOCAL REG <i>April 7, 1951</i>	REGISTRAR'S SIGNATURE <i>Betty Mason</i>	24. FUNERAL DIRECTOR <i>George Tilghman</i>	ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 18 1951

BUREAU V. S.